PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10/535244 Effective December 8, 2004 **CLAIMS AS FILED - PART I**

FEE EXTRA HARGEA DENT C	SPEC. PGS. ABLE CLAIMS	SMALL Satisfies Pr (4) = U.S. is ISA ALL othe \$ 20	ENT. = \$ 150 CT Article 33(1)-\$ 50 / \$ 100 a = \$ 50 / \$ 100 br countries = 90 / \$ 400 minus 100 = minus 20 =	(Column 2) LARGE ENT. = \$: All other situations \$ 100 / \$ 200 All other situations \$ 250 / \$ 500 / 50 =		BASIC FEE EXAM. FEE SEARCH FI	150	OR	RATE BASIC FEE EXAM. FEE	FEE
FEE EXTRA HARGEA DENT C	SPEC. PGS. ABLE CLAIMS	Satisfies P(4) = U.S. is ISA ALL othe	CT Article 33(1)- \$ 50 / \$ 100 A = \$ 50 / \$ 100 er countries = 90 / \$ 400 minus 100 =	All other situations \$ 100 / \$ 200 All other situations \$ 250 / \$ 500		BASIC FEE	150	OR	BASIC FEE	FEE
EXTRA HARGEA DENT C	SPEC. PGS. ABLE CLAIMS	Satisfies P(4) = U.S. is ISA ALL othe	CT Article 33(1)- \$ 50 / \$ 100 A = \$ 50 / \$ 100 er countries = 90 / \$ 400 minus 100 =	All other situations \$ 100 / \$ 200 All other situations \$ 250 / \$ 500		EXAM. FEE	100	OR	EXAM. FEE	
FEE EXTRA HARGEA DENT C	SPEC. PGS. ABLE CLAIMS	(4) = U.S. is ISA ALL othe \$ 20	\$ 50 / \$ 100 a = \$ 50 / \$ 100 er countries = 60 / \$ 400 minus 100 =	\$ 100 / \$ 200 All other situations \$ 250 / \$ 500	_ '	<u> </u>				
EXTRA HARGEA DENT C	ABLE CLAIMS	ALL other	er countries = 00 / \$ 400 minus 100 =	\$ 250 / \$ 500	=	SEARCH F	# 30X	7		
HARGEA DENT C	ABLE CLAIMS	+		/ 50 =			-,	1	SEARCH FEE	
DENT C	LAIMS	9	minus 20 =			X \$ 125	= ,		X \$ 250 =	
DEPE						X \$ 25	=	OR.	X \$ 50 =	
	NDENT CLAIM PE	minus 3 = .		•		X \$ 100	= '	OR	X \$ 200 =	†
fferenc		RESENT				+ \$ 180	=	OR	+ \$ 360 =	
* If the difference in column 1 is less than				in column 2		TOTAL	450	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						SMAL	_ ENTITY	OR	OTHER SMALL E	
	REMAINING AFTER AMENDMENT		NUMB PREVIOL PAID F	ER PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	• 9	Minus	" ac			X \$ 25 =		OR	X \$ 50 =	
endent	- 1	Minus	J 3	= 0		X \$ 100 =	=	OR	X \$ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =	:	OR	+ \$ 360 =	
						TOTAL ADDI	т.	OR	TOTAL ADDIT. FEE	
	(Column 1)		(Column	1 2) (Column 3)			-		
	CLAIMS REMAINING AFTER AMENDMENT		NUMBE PREVIOU	R PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	*	Minus	**	=		X \$ 25 =		OR	X \$ 50 =	
ndent	*	Minus	***	=	1	X \$ 100 =		OR	X \$ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =	
								OR 1		
_		CLAIMS REMAINING AFTER AMENDMENT * dent *	CLAIMS REMAINING AFTER AMENDMENT * Minus dent * Minus	CLAIMS REMAINING AFTER AMENDMENT Minus ** Minus ***	CLAIMS REMAINING AFTER AMENDMENT Minus HIGHEST NUMBER PREVIOUSLY PAID FOR * Minus ** # Minus ** # # # # # # # # # # # #	CLAIMS REMAINING AFTER AMENDMENT Minus HIGHEST NUMBER PREVIOUSLY PAID FOR * Minus ** HIGHEST NUMBER PREVIOUSLY PAID FOR # Minus ** =	CLAIMS REMAINING AFTER AMENDMENT * Minus ** Minus *** PRESENTATION OF MULTIPLE DEPENDENT CLAIM CLAIMS REMAINING NUMBER PRESUOUSLY PAID FOR PRESENT PRESENT PRESENT * * * * * * * * * * * * *	CLAIMS REMAINING AFTER AMENDMENT * Minus *** Minus *** PRESENTATION OF MULTIPLE DEPENDENT CLAIM COMMINIS COMMIN	CLAIMS REMAINING AFTER AMENDMENT * Minus *** Minus *** PRESENT EXTRA PRESENT EXTRA PRESENT EXTRA RATE ADDI- TIONAL FEE OR X \$ 25 = OR OR PRESENTATION OF MULTIPLE DEPENDENT CLAIM TOTAL ADDIT. OR TOTAL ADDIT. OR	CLAIMS HIGHEST NUMBER PRESENT EXTRA RATE TIONAL FEE

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.